

**CITY OF SALEM
PERMIT APPLICATION**

PLUMBING

MECHANICAL

CROSS CONNECTION

(please circle)

JOB ADDRESS: _____

OWNER: _____ PHONE: _____

CONTRACTOR: _____

CONTACT NAME: _____ PHONE: _____

VA LICENSE #: _____ CLASS: _____ EXPIRATION DATE: _____

WORK Q: _____

TRADESMAN CARD HOLDER: _____

VA LICENSE #: _____ EXPIRATION DATE: _____

WORK Q: _____

DESCRIPTION OF WORK: _____

JOB COST: _____ RELATED BUILDING PERMIT #: _____

APPLICANT SIGNATURE

DATE

APPLICANT (print name)

COMPANY/CONTRACTOR NAME